

**OPNAVINST 1640.7A**

**05 FEB 1993**

**APPENDICES**

**Enclosure (1)**

**PERSONAL HISTORY QUESTIONNAIRE**

**AUTHORITY:** Title 5 U.S.C 301 Departmental Regulation; E.O. 9397; and OPNAVINST 1640.7A  
"Manual for the Administration of Correctional Custody Units."  
**PURPOSE:** To provide the Navy with the authority to gather certain information in order to accomplish its mission to prepare prisoners/detainees/awardees for return to military duties and, in some cases, for return to civilian life.  
**ROUTINE USES:** Information gathered on this form may be used by Department of Defense officials, to assist the prisoner/detainee/awardee in identifying and solving personal problems.  
**VOLUNTARY DISCLOSURE:** Completion of this form is voluntary; however, failure to provide the requested information may prevent or limit the staff of the brig/correctional custody unit from helping the prisoner/detainee/awardee to attain certain privileges.

**PERSONAL INFORMATION**

NAME: _____		SSN _____
DATE OF BIRTH: _____	AGE: _____	RACE _____
OFFICIAL RESIDENCE: _____		
NEXT OF KIN: _____		RELATIONSHIP _____
ADDRESS _____		( ) _____ TELEPHONE
MARITAL STATUS: (MARK X) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		
IF SEPARATED, DIVORCED, WIDOWED DATE: _____ REASON _____ DD MM YY		
DATE OF MARRIAGE: _____		SPOUSE'S NAME _____
LOCATION OF MARRIAGE: _____		HOW MANY CHILDREN? _____
MARITAL STATUS OF PARENTS: <input type="checkbox"/> STILL MARRIED <input type="checkbox"/> DIVORCED DATE: _____		
NUMBER OF OLDER BROTHERS _____		NUMBER OF YOUNGER BROTHERS _____
NUMBER OF OLDER SISTERS _____		NUMBER OF YOUNGER SISTERS _____
FATHERS' OCCUPATION _____		MOTHER'S OCCUPATION _____
FAMILY FINANCIAL STATUS WHILE GROWING UP? _____		
FATHER DECEASED: <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DATE: _____		
MOTHER DECEASED: <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DATE: _____		
WHO RAISED YOU AS A CHILD? _____		
WERE YOU EVER PHYSICALLY OR SEXUALLY ABUSED AS A CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES		
IF YES, EXPLAIN _____		

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## PERSONAL HISTORY QUESTIONNAIRE

HOW WOULD YOU DESCRIBE YOUR PRESENT RELATIONSHIP WITH YOUR FAMILY? \_\_\_\_\_

## PRESENT OFFENSE INFORMATION

CONVICTED OFFENSE \_\_\_\_\_

YOUR VERSION (INCLUDE REASON) \_\_\_\_\_

PLACE OF COURT \_\_\_\_\_

TYPE OF COURT: (CIRCLE ONE) SUMMARY/SPECIAL/GENERAL/NJP PTA: YES / NO

SENTENCE AWARDED: CHL X \_\_\_\_\_ MOS/YRS FF# \_\_\_\_\_ X \_\_\_\_\_ MOS

RIR E- \_\_\_\_\_ TYPE DISCHARGE: (PLEASE CHECK ONE) ☐ BCD ☐ DD ☐ NONEIF UA, NUMBER OF DAYS \_\_\_\_\_ WERE YOU APPREHENDED? ☐ YES ☐ NOPRETRIAL CONFINEMENT: ☐ YES, NUMBER OF DAYS \_\_\_\_\_ ☐ NO

DEFENSE COUNSEL/LAWYER'S NAME \_\_\_\_\_

## MILITARY HISTORY

DATE FIRST ENLISTED \_\_\_\_\_ DATE OF REELISTMENT \_\_\_\_\_

LENGTH OF SERVICE: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS HIGHEST RATE HELD: \_\_\_\_\_

REASON FOR ENLISTMENT: \_\_\_\_\_

SERVICE SCHOOLS SUCCESSFULLY ATTENDED? \_\_\_\_\_

WHAT DO YOU LIKE MOST ABOUT THE MILITARY? \_\_\_\_\_

WHAT DO YOU LIKE LEAST ABOUT THE MILITARY? \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR OVERALL PERFORMANCE IN THE MILITARY? \_\_\_\_\_

IF YOU HAVE A DISCHARGE, WOULD YOU LIKE TO COMPLETE YOUR ENLISTMENT? ☐ YES☐ NOHOW WOULD YOU DESCRIBE YOURSELF? ☐ A. LEADER ☐ B. FOLLOWER ☐ C. LONER

NAVPERS 1640/24 (11-91)

APPENDIX A  
Enclosure (1)

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## PERSONAL HISTORY QUESTIONNAIRE

## PRIOR OFFENSE INFORMATION

## MILITARY OFFENSES

DATE	OFFENSE	SENTENCE	NJP/SCM/SPCM/GCM

## CIVILIAN OFFENSES (REGARDLESS OF AGE)

DATES	LOCATION	CHARGE	SENTENCE

## EDUCATION

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DESCRIBE YOUR GRADES: \_\_\_\_\_

IF YOU DID NOT GRADUATE, WHAT IS THE REASON? \_\_\_\_\_

WERE YOU EVER SUSPENDED OR EXPELLED? ☐ NO ☐ YES REASON(S) \_\_\_\_\_WERE YOU EVER IN SPECIAL EDUCATION/REMEDIATION CLASSES? ☐ NO ☐ YES

WHICH CLASSES? \_\_\_\_\_

WHAT WAS YOUR FAVORITE CLASS? \_\_\_\_\_

WHAT WAS YOUR LEAST FAVORITE CLASS? \_\_\_\_\_

HAVE YOU EVER COMPLETED, OR BEEN CERTIFIED, IN A VOCATIONAL TRAINING COURSE?

☐ NO ☐ YES WHAT AREA(S) \_\_\_\_\_

WHAT EDUCATIONAL COURSES WOULD YOU TAKE ADVANTAGE OF IF THEY WERE OFFERED IN THE BRIG? \_\_\_\_\_

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## PERSONAL HISTORY QUESTIONNAIRE

## PRIOR EMPLOYMENT

WERE YOU EMPLOYED BEFORE JOINING THE NAVY? ☐ NO ☐ YES

HOW MANY JOBS? \_\_\_\_\_ AVERAGE LENGTH OF EACH JOB \_\_\_\_\_

WHAT WERE YOUR PRIMARY JOBS \_\_\_\_\_

WHAT WAS YOUR AVERAGE TAKE HOME PAY? \$ \_\_\_\_\_ PER MONTH

YOUR WORK HISTORY WAS CONSIDERED ☐ UNSKILLED ☐ SEM-SKILLED ☐ SKILLEDWERE YOU EVER FIRED? ☐ NO ☐ YES WHY \_\_\_\_\_IF NOT RETURNING TO DUTY, WHAT ARE YOUR JOB PLANS IMMEDIATELY FOLLOWING  
RELEASE \_\_\_\_\_

## HEALTH/SUBSTANCE ABUSE

DO YOU HAVE ANY PRESENT PHYSICAL HEALTH PROBLEMS? ☐ NO ☐ YES DESCRIBE \_\_\_\_\_DO YOU HAVE ANY PRESENT MENTAL HEALTH PROBLEMS? ☐ NO ☐ YES DESCRIBE \_\_\_\_\_HAVE YOU EVER BEEN SEEN BY A PSYCHIATRIST/PSYCHOLOGIST ☐ NO ☐ YES

EXPLAIN \_\_\_\_\_

HAVE YOU EVER TRIED TO HARM YOURSELF? ☐ NO ☐ YES HOW MANY TIMES? \_\_\_\_\_

LAST DATE \_\_\_\_\_ HOW? \_\_\_\_\_

WERE YOU HOSPITALIZED AS A RESULT? ☐ NO ☐ YES DO YOU HAVE ANY FEELINGABOUT HARMING YOURSELF? ☐ NO ☐ YES HAVE YOU HAD ANY DRUG RELATED PROBLEMS  
IN THE PAST? ☐ NO ☐ YES DESCRIBE \_\_\_\_\_HAVE YOU HAD ANY ALCOHOL RELATED PROBLEMS IN THE PAST? ☐ NO ☐ YES

IMMEDIATELY PRIOR TO CONFINEMENT, HOW OFTEN DID YOU USE:

DRUGS \_\_\_\_\_ ALCOHOL \_\_\_\_\_

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